1994/1997–2004/2007: changes in the requests to the help-line of the Institute of Clinical Sexology

F. Tripodi[2], V. Ricci[2], V. Cosmi[2], D. Lembo[2] and C. Simonelli[1,2]. [1]*University La Sapienza, Rome, Italy;* [2]*Institute of Clinical Sexology, Rome, Italy*

Objective: To describe changes in the requests presented by men and women calling the help-line of the Institute of Clinical Sexology (Rome, Italy).

Design and method: The study included all the valid schedules of the calls received between July 1994 – June 1997 (G1, N=859) and July 2004 – June 2007 (G2, N=944). The counsellors'team was staffed by experts in sexology. The information used for analysis comprised: callers'demographic characteristics, reason for their call, sexual problems reported, previous doctor contacts, items discussed and referrals. Data were analysed using descriptive statistics and univariate analysis (Chi-Square and ANOVA).

Results: An increase of callers was found ($p < .05$), with men calling more frequently than women ($p < .05$). The majority of the reported sexual difficulties were premature ejaculation (41.4%) and erectile dysfunction (41.9%) for men. While, the most frequently sexual difficulties declared by women were vaginismus (27.4%) and coital anorgasmy (27.4%). Moreover, the comparison between G1 and G2 showed an increase of callers with relationship troubles, and of those who called for information on sexuality ($p < .05$); on the other hand, there is a decrease in medical requests ($p < .05$).

Conclusions: Due to its easy accessibility and anonymity, this help-line represents the first (formal and informal) request for help by the people who call and therefore it can be a useful link between health services and callers.

Male-to-Female sex reassignment surgery: our experience

C. Trombetta, G. Liguori, S. Bucci, S. Benvenuto, E. Belgrano. *Department of Urology, Trieste, Italy*

Introduction: Male-to-female transsexual surgical techniques are well defined and give good cosmetic and functional results.

Material and Methods: All patients had been cross-dressing and living as women. Patients were at least 23 years old. Procedure includes bilateral orchidectomy, amputation of the penis, creation of the neovaginal cavity, lining of this cavity and reconstruction of a urethral meatus and, finally, construction of the labia and clitoris.

Results: Mean follow-up is 32 months (range 4-150). 11 patients showed partial necrosis of the scrotal flap; in 7 patients there was an important postoperative bleeding that was treated surgically in 3 case. In the long term, neomeatus stricture occurred in 6 patients and was treated with meatotomy. 11 patient developed stenosis of the neovagina. Hematoma of the labia majora of the neovagina occurred in 24 case and resolved spontaneously in all caes. Prolapse of the neovagina occurred in 12 patients. 3 patients developed a right leg muscular contusion (due to the prolonged lithotomic position during operation), which required fasciotomy of the peronaeorum communis fascia. 69 patients have been evaluated by a questionnaire after 12 months: physical and functional results of surgery were judged to be excellent and patients were satisfied with the quality of the functional genitalia as well as cosmetic result.

Conclusions: Although the surgical techniques for vaginoplasty have evolved significantly, it must be stressed that both medical and surgical treatment are rarely perfect. Major complications are possible, and revisional surgery is sometimes required to optimize aesthetic results.

Androphase: male sexuality afer 45?

D. Trotta, A. Maiorino, T. Strepetova. *ACTS, Association for Clinics and Therapy in Sexology, Salerno, Italy*

Today man lives much more over a long time span. It has opportunity that the man who lived in the millenia before never had. Today man has the possibility of living a new phase of his life and manhood, a new neo andro phase. From here the term androphase.

The existence of male changes and modification with age have been or a long time questioned. The importance of sexual changes with aging have grown in modern society. Reasons for that are longer life, better health conditions, increased importance of non reproductive aspects of human sexuality. Male sexual changes with aging end with regression of all aspects of masculinity. Androphase has a different onset and development, different clinical manifestations. Androphase can begin very early (from 40-45). There are three phases of the androphase: beginning phase, florid state and late phase. Late androphase is the most known phase. It is usually confused with andropause as a whole. In late androphase penetration is not possible. The florid state is featured by inconstant erections, intermittent potency and ability to penetrate, high sensibility to stressors. The beginning phase is a phase where modifications are not always realized . In some people, androphase modifies their sexual desire; in others it shakes their male identity. In other people androphase has repercussions on their erection and penetrative capacity, in some it creates ejaculation problems. For most men androphase means difficulties in having sex, the way they would like to have, the way they used to have.

Psychological and Ethical problems with children with Disorders of Sex Development

P. Valerio[1], M. Auricchio[2], F. Santamaria[2], E. Zito[2], [2]Multidisciplinary Disorders of Sex Development Clinic Team. [1]*Unità di Psicologia Clinica e Psicoanalisi Applicata, Dip di Neuroscienze, Università degli Studi di Napoli Federico II, Napoli, Italy;* [2]*Dipartimento Assistenziale di Pediatria, Dipartimento Assistenziale di Neuroscienze e Comportamento, Azienda Universitaria Ospedaliera Policlinico Federico II, Dottorato di Ricerca di Studi di*